



## RESPONSES TO INFORMATION REQUESTS (RIRs)

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21 March 2011

### **IND103688.E**

India: Admission policies and procedures at private and public medical institutions, including whether individuals seeking medical treatment are required to submit a police report or First Information Report that explains how the injuries were sustained before receiving treatment; whether medical authorities are required to report any suspicious injury to the police

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### **Admission Policies and Procedures**

Information about admission policies and procedures at private and public medical institutions in India was scarce among the sources consulted by the Research Directorate. An official at the High Commission of India in Ottawa stated, in a telephone interview with the Research Directorate, that India does not have a universal health care program and that "many" private hospitals refer patients who cannot afford the treatment to government hospitals after doctors administer first aid (India 9 Mar. 2011). The website of the Christian Medical College and Hospital, a training hospital in Ludhiana, Punjab, indicates that patients are informed of the estimated cost and plan for treatment upon admission by a team doctor who also completes the patient's admission forms (n.d.).

Despite the lack of universal health care coverage, the High Commission of India official noted that doctors at both private and public medical institutions cannot refuse to treat a patient (India 9 Mar. 2011). India's regulations governing medical ethics states that it is "acceptable" for a doctor to advise a patient to go to another doctor for service; "however, in case of emergency a physician must treat the patient. No physician shall arbitrarily refuse treatment to a patient" (India 2002). However, according to an article in *Express Healthcare*, a Mumbai-based health care business publication, even in emergencies, patients are sometimes turned away by doctors in India due to a shortage of beds in hospitals (1 Jan. 2010).

### **Requirement to Submit First Information Report**

The official at the High Commission of India stated that patients injured as a result of a crime are not required to submit a First Information Report (FIR) to receive treatment at a hospital (India 9 Mar. 2011). He indicated that the patient's treatment is given first priority and that medical authorities at both public and private hospitals are obligated to report suspicious injuries to the police (ibid.). This information is corroborated in an article written by Dasari

Harish and K. H. Chavali (Harish and Chavali n.d.), two professors in the Department of Forensic Medicine, Government Medical College and Hospital, Chandigarh (GMCH n.d.). The article cites a legal case in which the Supreme Court of India affirms that "[e]very doctor is bound to provide medical aid to the victims irrespective of the cause of injury; he cannot take any excuse of allowing law to take its course" (Harish and Chavali n.d.). Another legal case quoted in the article, which was decided by the High Court of Andhra Pradesh, states that the

'doctor's duty is to attend to the injuries of the person produced before him. His primary effort should be to save the life of the patient and then inform the police/ document clearly all the injuries observed by him in medicolegal cases'. (ibid.)

### **Requirement to Report to Police**

Medical cases that require police attention are called medico-legal cases (Harish and Chavali n.d.; India 9 Mar. 2011). Harish and Chavali explain that some of these types of cases are referred to medical institutions by the police, others are referred by other doctors, and some are determined to be medico-legal cases by the examining physician (Harish and Chavali n.d.). They also explain that for the following medico-legal cases, a doctor is "duty-bound" to report the injuries to the police:

1. All cases of injuries and burns -- the circumstances of which suggest commission of an offence by somebody (irrespective of suspicion of foul play).
2. All vehicular, factory or other unnatural accident cases specially when there is a likelihood of patient's death or grievous hurt.
3. Cases of suspected or evident sexual assault.
4. Cases of suspected or evident criminal abortion.
5. Cases of unconsciousness where its cause is not natural or not clear.
6. All cases of suspected or evident poisoning or intoxication.
7. Cases referred from court or otherwise for age estimation.
8. Cases brought dead with improper history creating suspicion of an offence.
9. Cases of suspected self-infliction of injuries or attempted suicide.
10. Any other case not falling under the above categories but has legal implications. (ibid.)

The official at the High Commission of India noted that larger hospitals have police officers on site 24 hours a day to take the patient's statement, while smaller hospitals call the police officer to the hospital when needed (India 9 Mar. 2011).

### **Medico-legal reports**

Doctors produce special reports for medico-legal cases (India 9 Mar. 2011; Harish and Chavali n.d.). According to Harish and Chavali, these medico-legal reports (MLRs) should be prepared, in duplicate, immediately following the medical examination (ibid.). The MLR consists of three parts: the preamble, the body and the doctor's assessment of the injury (ibid.). The preamble includes the

date, time and place of the examination, the patient's name, address and occupation, the name of anyone accompanying the patient, the police report number, the informed consent of the patient, and two marks of identification where applicable (ibid.). The body contains a detailed description of the injuries and any other findings or observations (ibid.). The final section gives the doctor the opportunity to indicate whether the injury is simple or grievous, what weapon or force was used, and an assessment of the duration of the injuries (ibid.). Harish and Chaveli also indicate that all of the big hospitals and teaching institutions have manuals that give instructions for handling different types of medico-legal cases (ibid.).

However, Indian media sources report cases in which doctors issued false MLRs (MeriNews 20 Sept. 2010; *The Times of India* 25 Dec. 2010; *The Tribune* 12 Nov. 2010; ibid. 11 Feb. 2011). In one such incident, media sources report that there were approximately 46 cases centred in Hisar, in which medical personnel issued false MLRs so that their clients could register allegations of attempted murder against their rivals (*The Times of India* 6 Dec. 2010; MeriNews 20 Sept. 2010). *The Times of India* reports that six doctors and some staff members at Metro Hospital, Sapra Hospital and AMC Hospital were alleged to be involved in the scheme (25 Dec. 2010).

This Response was prepared after researching publicly accessible information currently available to the Research Directorate within time constraints. This Response is not, and does not purport to be, conclusive as to the merit of any particular claim for refugee protection. Please find below the list of sources consulted in researching this Information Request.

#### References

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#### Additional Sources Consulted

**Oral sources:** Attempts to contact representatives of the Medical Council of India (MCI), Kalra Hospital, Global Medico-Legal Consultants, All India Institute of Medical Sciences (AIIMS), Public Health Foundation of India (PHFI), and Medico Legal Institute were unsuccessful within the time constraints of this Response.

**Internet sites, including:** AIIMS, Amnesty International (AI), Asian Centre for Human Rights (ACHR), European Country of Origin Information Network (ecoi.net), Freedom House, Global Medico-Legal Consultants, International Crisis Group, Kalra Hospital, Medico Legal Institute, PHFI, South Asia Terrorism Portal (SATP), United Nations Refworld.

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